**MONROE COUNTY MENTAL HEALTH COURT**

**REFERRAL FORM**

* ***Top section is to be completed by the individual making the referral.***
* ***If the referral is being made by Deputy Prosecutor assigned to the case, please also complete the bottom section.***

Defendant’s name: \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cause Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant currently in the Monroe County Jail?  **YES**  **NO**

If marked NO, provide contact information for the Defendant (home phone, cell phone, address, email, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person making the referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deputy Prosecutor assigned to the case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defense Attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for referral (**please be as specific as possible and include any diagnosis**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE FORWARD THIS FORM TO PROBATION OFFICER ALEXIS STOGDILL (astogdill@co.monroe.in.us)**

*This section to be completed by Deputy Prosecuting Attorney. Please return completed form to Probation Officer Alexis Stogdill within two (2) business days of receiving the referral form.*

**Deputy Prosecuting Attorney assigned to case or MHC Deputy Prosecuting Attorney agrees to make the Defendant eligible for consideration for participation in the Mental Health Court?**   **YES**  **NO**

If not being made eligible, please provide reason(s):

Signature of Deputy Prosecutor Assigned to Case: Date: \_\_\_\_\_\_\_\_\_\_\_

Revised 6/14/2017